

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01047

FILED
Apr 30, 2008
Secretary of State

Entity Name: KEY HARBOUR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13880 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

New Principal Place of Business:

17292 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

Current Mailing Address:

13880 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 59-2691514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEUMER, BRENDA
13880 PERIDIDO KEY DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHOTTGEN, DOUG
Address: 17292 PERDIDO KEY DRIVE, UNIT K
City-St-Zip: PENSACOLA, FL 32507

Title: VD () Delete
Name: HICKS, STEVE
Address: 222 BLACK RIVER LANE
City-St-Zip: ADGER, AL 35006

Title: TD () Delete
Name: REASK, TAMI
Address: 29299 PERDIDO BEACH BLVD. #1
City-St-Zip: ORANGE BEACH, AL 36561

Title: D () Delete
Name: TODARO, MIKE
Address: 38 S. BLUE ANGEL PKWY., PMB 248
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: WILLIAMS, KATHY
Address: 17292 PERDIDO KEY DR , UNIT Q
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHOTTGEN, DOUG
Address: 17292 PERDIDO KEY DRIVE, UNIT K
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Change () Addition
Name: HICKS, STEVE
Address: 222 BLACK RIVER LANE
City-St-Zip: ADGER, AL 35006

Title: T (X) Change () Addition
Name: FARMER, CHERYL
Address: 17292 PERDIDO KEY DRIVE UNIT M
City-St-Zip: PENSACOLA, FL 32507

Title: B (X) Change () Addition
Name: TODARO, MIKE
Address: 38 S. BLUE ANGEL PKWY., PMB 248
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIE J. DEAN

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date